

DAILY WORK SHEET

Show: SHEET #: of Booth Name: Location:				Name:		Please indicate YES or NO that all items have been completed: Wear NGE Shirts		
Employee Name	IN	OUT	ST	Break	OT DT	Materials Used:		Remember to take detailed photos at <u>ALL STAGES</u> :
Employee Name	AM	AM	51	ыеак		Ddl Face Tape	ROLLS	Open Crates
	PM	PM				Banding	FT	Damages
	AM PM	AM PM				Clear Tape	ROLLS	Setup In-Progress
	AM	РМ 				Duct Tape	ROLLS	Pack Out
	PM	PM				Shrink Wrap		Paper Work
	AM	AM				Visqueen		Finished Booth
	PM AM	PM				Velcro		Any damages after event/prior to take down
	PM	AM PM				Other		
	AM	AM						Closed Crates
	PM AM PM	PM AM PM						Send all photos to Elissa: elissa@nextgenerationexpo.com
	AM PM	AM PM				NOTES:		
	AM PM	AM PM						
	AM PM	AM PM						
	AM PM	AM PM						
	AM PM	AM PM				NO CHANGES WITHOUT CLIENTS SIGNATURE <u>AND/OR</u> MANAGEMENT EXPRESS WRITTEN PERMISSION - NO EXCEPTIONS Client Name: Client Contact Info: Client Signature:		
	AM PM	AM PM						
	AM PM	AM PM						
	AM	AM						
	РМ	PM						
TOTALS FOR DAY:						Approved By:		